

Exhibit “G”

PARADI, SABINA 243001
1342538 125268664
STAVROPOULOS, CHRI NRS HS
02/25/07 NOR B
F 04/19/1983 23Y

DATE & TIME	Respiratory Therapy
3/23/07 1110	Prior Notes Reviewed. Pt rec'd on Mech Vent CMV14 VT 500ml FiO_2 40 PEEP 5 RISSE mild coarse LL crackles = In Absence of thick whitish secretions. RR 14/20, SpO_2 97% HR 136 Pact AT PIP 23 Carol Blake. R. RT.
3/23/07 2pm	OT Note MD orders received, chart reviewed, IE completed. Please see for details of current status & goals. filed, MSOR/L x1816.
3/23/07 2pm	OT Note Addendum Chart reviewed. Will fabricate & fit pt @ B resting hand splints as able & continue to monitor positioning to prevent contractures. filed, MSOR/L x1816.
3/23/07 215	AT note Attempted to initiate PT. tx session however it appeared uncomfortable & plus ↑ coughing episodes = more secretions produced will attempt to flex later this pm. Veg AT
3/23/07	Social Work Note: Chart reviewed. Pt in 23 g.o.F. S/P 12VA, S/P 761, S/P Craniotherapy, S/P SD11 Cerebral, S/P track on Vent, S/P Pq. PJ. referred to S.W. to initiate discussion around D/c Care, planning S.W. met @ pt's Mother Shirley Paradi C.P (95) 286-5850 and discussed D/c process for Acute vs

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3/23-3/24 Resp. Care

Pt. received on ventilator settings of
 CMV14, f 500, O_2 40% and PEEP +5.6
 RR: 14/110, Sat: 99% and PR: 115.
 Suctioned for creamy yellow secretions.

Waker

342538 Rm 430 24 MAR 07 3

2 PULSE - 7- NB

18



3/23

3/24 NSG Received Pt. eyes open @ times
 GCS as charted Vent settings as charted
 Sx for tachish secretions mod amts
 HR ↑ Temp as per flow sheet DR Alendone 2305

* * Curax medicated for pain with fair
 results. Will continue to monitor
 closely. All safety precautions maintained.
 tolerating feeds. Having soft BM's
 by amts. Gladys RN



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HISTORY AND PROGRESS NOTES

DATE
& TIME

Nursing 8P-8A

3/26

3/27/07

Rm 430 26 MAR 07 23:55 HR 109 VPB 0 SINUS RI

III



Pt. opening eyes to stimulus & spontaneously at times. Pt. decussating with (R) arm but also lifting (R) arm off the bed spontaneously. See Glasgow Coma Scale for Neuro Assessment. —
Left pupil usually larger than the right but both eyes briefly reactive & light. Pt. in sinus tachycardia without ectopics. Pt. medicated X T with MSO4 IV. O2 sats acceptable. Trach attached to vent. Secretions moderate & large. —
U/O acceptable via Foley. Dr. L. S. infusing at 40 ml/hr via PEG. no residual noted. U/O adequate via Foley. Labs drawn — see flow sheet. Complete bed bath given — pt. turned & positioned from side to side. —
Dntmets applied to groin & perineal area. —
Grad Camm, RA
Pt. c i large soft BM. L i Camm, RA —



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HISTORY AND PROGRESS NOTES

DATE
& TIME

NEUROSURGERY

Dx: S/P (R) Hemispherectomy, PneumoPOD #: 29 IID: 30

6:45

AM

Tmax: 103.3 BP: $\frac{97-169}{52-91}$ RR: 14-35 CVP: — ICP/CPP: —
Teurr: 100.1 HR: 96-180 SpO₂: 99-100% PCW: — Ventric.: —
I/O: 3070 / 2450 FS: — CO: — JP Drain: —

LABS: ©

129 | 104 | 10 | 8.6 | PT: 149 Ca: 16
3.7 | 26 | .3 | 27 | 6.6 | INR: 1.2 Mg: 2.0
Lipase - 23 PTT: 32.3 PO₄: 4.0

MEDS:

Radiographic Studies:

- KEPPRA - Imibrem - Clonidine
- HepSQ - Flagyl - Ativan PRN
- Lofessor - Pepid
- CIPRO - Ceftriaxone

Physical Exam:

- Patient is intubated & on Vent - Open eyes spontaneously
- Pupils are reactive B/L
- Decerebrate to B/L UE to deep pain
- Minimal withdrawal of B/L LE to pain
- Does not FC

A/P:

- Neurologically unchanged to ↑ Fever
- Cont. Abx as per ID
- DVT & GI Prophylaxis
- Cont. tube feed.
- F/U CX

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DATE & TIME	
3/27/07	IO
	Fin 1.03
	wbc 11.0 (28600) LUB
	3/26 catk tp (P)
	spike 2 Pseud + GNR (Acute on pain)
	2/25 Blue
	Acute 15 (3) Poly B
	Record 1. (1) Cont symptoms / Cap 11/14 0 # 12/14
	(2) flu wbc temps, post catheter removal
	If Ting temps, or if persistent temps and Pwbc,
	will evaluate for Δ to poly B for Acinetobacter
	coverage.
	patient 1161
3/27/07	OT Note
9:45 AM	Chart reviewed, pt received sidelying in bed, @ track, all lines intact. Pt tolerated B digit & wrist PROM & stretch. Pt becoming somewhat agitated & continued the ex & unable to perform further w/ the ex. Pt would not benefit from B resting hand splints at this time 2" normal tone & 1" ROM. Will continue to flu.
	Kleled, MSTR/c x1876.



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HISTORY AND PROGRESS NOTES

DATE
& TIME

NEUROSURGERY

3/31/7

Dx: s/p TBI Pneumonia

POD #: 33

HD: 34

Tmax: 102.5 BP: 111/42
53-86

RR: 16-34

CVP: —

ICP/CPP: —

Teurr: 102.5 HR: 85-173

SpO₂: 100

PCW: —

Ventric.: —

I/O: 3280 / 2900

FS: —

CO: —

JP Drain: —

LABS:

142 ~~48~~ 106 8 97
3.8 28 0.6 8.8

13.7 9.4/522
29

PT: 12.8 Ca: 8.8

INR: 1.0 Mg: —

PTT: 39.0 PO₄: 3.9

MEDS: Keftra

Lopress

Radiographic Studies:

Hefasin Sub Q

Imipenem

Clonidine

Bacitracin

Xeroderma

Delandil

Lacrilube

Nystatin Cream

Isotears

Popeid

Physical Exam:

Tracheal & Vent

Pupils equal and Reactive B/L

Decerebrate posturing on PE

→ Beginning to follow simple commands, inconsistently

Continues prolonged Tachycardia overnight

A/P: Neurologically - pt appears to follow simple commands inconsistently

DVT/GI prophylaxis

Continue Tube Feeding

Continue Antibiotics - Starts Polymyxin B as per ID

F/U Blood Cultures

Plan for Transfer to Vents/Waen Service

J. K. 2305



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HISTORY AND PROGRESS NOTES

DATE
& TIME

4/2/07

NEUROSURGERY

Dx: Sp TBI Pneumonia POD #: HD:

Tmax: 102.3 BP: 108-126 / 75-61 RR: 18-37 CVP: 4 ICP/CPP:

Tcurr: 101 HR: SpO2: 99-100% PCW: 7 Ventric.: 0

UO: 2800 / 2310 FS: CO: JP Drain: 7

LABS:

144	105	10	9.6	PT: 13.5	Ca: 9.3
4.6	28	4	30	INR: 1.1	Mg: 3.8
				PTT: 44.1	PO4: 1.6

MEDS: Keppra Glutamine Radiographic Studies:

Heparin Sub Q Lopressor Polymyxin

Bacifurin Percid Flagyl

Lacivulop Cultivelle

Isotears Clonidine

Physical Exam: PT is Tracheal & Ventilated
Pupils are equal & reactive B/L
Decerebrate posturing
Down on Hx

Open eyes to voice

A/P: Neurologically unchanged
BUT / GI prophylaxis
Cork Tube Feeding
Continue Antibiotics
FPO CX
Plan for Transfer to Vent room Services

A. Archard 2303



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HISTORY AND PROGRESS NOTES

DATE & TIME		
4/12/07	NEUROSURGERY	
7:30 AM	Dx: SLP Hemispherectomy, TBI	POD #: 45 HD: 46
	Tmax: 82.7 BP: 84-149 / 36-100 RR: 14-36 CVP: — ICP/CPP: —	
	Temp: 97.7 HR: 78-116 SpO ₂ : 100% PCW: — Ventric.: —	
	I/O: 4066 / 2816 FS: — CO: — JP Drain: —	
	LABS:	
	140 / 106 / 10 / 3.9 / 24 / .5 / 106 / 13.2 / 8.4 / 26 / 655	PT: 14.9 Ca: 8.9
		INR: 1.2 Mg: 2.2
		PTT: 35.2 PO ₄ : 6.1
	Urine - 10,000 col/mc	SPULM - (4/10) - neg abx. - P. aeruginosa
	MEDS: Heparin Sub Q Polymyxin Nystale Linezolid Cellulase Klonopin Peperid Indem Clonidine Tylenol	Radiographic Studies: Motion Airtel Heparin Tuberculin Leppin Flaxyl
	Physical Exam: Patient is tracheal on vent	
	Open eyes to voice	
	① Decerebrate on Right, ② Movement (purposeful) on left.	
	Does not Flc	
	Pupils are equal & reactive B/L	
	A/P: Neurologically unchanged	
	DVT/GI prophylaxis	
	Continue Antibiotics	
	Plan for 24 hr EEG Monitoring	

A. Arhan 2361

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DATE
& TIME

4/12/07

ID

T_{102.7}, contraps 480

40.5 wbc 13.8 eos 5.9

Yllo vca → 10k colons

spike → mag wbc → p₂ exons highly sensitive

4/10/06 B(x-)

NO new GPC/APP received.

Recom: (1) cont Poly B/Tdora D#7 and monitor creat.

(2) cont L₁ exons D#6 of ?10d course.

(3) continue F₁ ex.

(4) flu wbc, T_{102.7} - (if urinary parameters, will eval for relative of cipro v. antifol coverage)

RAHman 11/61

4/12/07 ~~END~~ NO Temp higher 100, not good, not fully conscious.
 Use reminder that Sen plan for arrival 5/1/07

4/12/07 REURO PI. follows commands. Orbits
to sound. Postures when attempting
to move even on command.

Disputed with Dr Muller - EEG
 monitoring of this point is electra
 some there are no responses &
 pt. is responsive

RAHman

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DATE
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4/17/07 CCM cont'd

10:00 AM @ Pugh

Vasodynes

Somnolence

Papad

Kelly, J. 981

CPH

Alum. Pugh, A. seen & examined - A. Griffin
 at 11:05 AM. 12-8

Neurology consult - addendum pg 4

Clarification was requested as to pt's ability to follow commands.

It was noted that pt closes eyes upon command, which indicates some degree of comprehension.

Clinical question dr. Sheffield

Glitch

213F

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



45160

Paradi
518 3922

REHABILITATION MEDICINE CONSULTATION

IF NO PLATE, PRINT NAME, SEX AND HISTORY NO.

PAST SURGICAL HISTORY: ☒ None ☐ Past surgeries (elaborate below): surgeries per HPT

ALLERGIES: ☐ NKDA ☐ Latex ☒ Allergic to: Cefepime, Dilantin

SOCIAL HISTORY: ☐ Retired ☐ Disabled ☐ Currently employed as was dietetic intern here

Lives: ☒ Alone ☐ With family (elaborate):

Home Accessibility: Stairs to enter: Stairs to Bed/Bathroom:

Smoking History: ☒ None ☐ Ex-smoker ☐ Current smoker _____ pk/d _____ years

Drinking History: ☒ None ☐ Ex Drinker ☐ Current drinker _____ drinks/day _____ years

Substance Abuse: ☐ None ☐ Ex User ☐ Current User: Drug(s) med marijuana for _____ years

PAST FUNCTIONAL HISTORY/STATUS: ☒ Independent in AADL and Mobility

ADL: ☐ Independent ☐ Needs Assistance: Feeding: LE Dressing: UE Dressing:

Mobility: ☐ Independent ☐ Needs Assistance: Transfers: Ambulation:

Assistive Device: ☐ None ☐ Cane ☐ Walker ☐ Crutches ☐ Wheelchair

CURRENT FUNCTIONAL STATUS: ☐ Independent in AADL and Mobility dependent

ADL: ☐ Independent ☐ Needs Assistance: Feeding: LE Dressing: UE Dressing:

Mobility: ☐ Independent ☐ Needs Assistance: Transfers: Ambulation:

Assistive Device: ☐ None ☐ Cane ☐ Walker ☐ Crutches ☐ Wheelchair

PHYSICAL EXAM: (Elaborate abnormal findings):

Pulse: 112 Resp: 8 BP: 123/74 Temp: 99.1 Weight: BMI:

General: ☐ Not Done ☐ WD ☐ WN ☐ Obese ☐ Cachectic ☐ NAD in bed, oppix eyes to voice, blinked

Eyes: ☐ Not Done ☐ PERRLA ☐ Icteric ☐ EOMI tracking twice when asked, tracking

Neck: ☐ Not Done ☒ Supple ☒ No JVD tracking

Hearing: ☐ Not Done ☐ Intact ☐ Decreased ☐ R ☐ L ☐ B/L unable to assess response to clap

Lymph Nodes: ☐ Not Done ☒ No Lymphadenopathy but did blink when asked

Dentition: ☒ Not Done ☐ Edentulous ☐ Poor dentition ☐ Carious

Cardiac: ☐ Not Done ☒ Normal S1&S2 ☐ S3 ☐ S4 ☐ No Murmurs ☐ Murmurs

Respiratory: ☐ Not Done ☒ CTA ☒ Normal Effort tracking

Abdomen: ☐ Not Done ☒ NABS ☐ NT ☐ ND ☐ No HSM Distended (+) PEG

Skin: ☒ Not Done ☐ No Breakdown ☐ No rashes ☐ No bruising

Psychiatric: ☐ Not Done ☐ Normal Affect Not verbal, in tracking, blinks to threat

Surgical Wounds: ☐ Not Done ☐ Intact Dressings ☒ Wound C/D/I

Circulation: ☐ Not Done ☒ Pulses Present in all limbs

Extremities: ☐ Not Done ☐ No Edema ☐ No Calf Tenderness 1+ edema (L) hand

ROM:	SldrEx	SldrFl	SldrIR	SldrER	ElbFl	ElbEx	WrFl	WrEx		HipFl	HipEx	HipIR	HipER	KnFl	KnEx	AnDF	AnPF
RUE	↓									RLE							
LUE	↓									LLE							

Neurological: Mentation: ☐ Not Done ☐ A+O x 3 opens eyes to voice

CN 2-12: ☐ Not Done ☐ Intact unable to assess

Motor Exam: ☐ Not Done ☐ 5/5 Throughout ☐ Normal Bulk ☐ With Wasting ☐ Fasciculations ☐ 5/5

	Delt	Bic	Tri	WrEx	WrFl	Grasp	Int		HipFl	HipE	KnFl	KnEx	AnDF	AnPF	Per	PT	EHL
RUE																	
LUE																	

Reflexes:☐ Not Done**Coordination:** ☐ Not Done ☐ normal

Finger → Nose unable Heel → Shin _____ RAM _____ Romberg _____

Tone: ☐ Not Done ☐ normal 7 throughout Mod Ash 3

RLE _____ LLE _____ LUE _____ RUE _____

Sensory Exam: ☐ Not Done ☐ Intact to LT Throughout unable

Gait: ☐ Not Tested ☒ Unable ☐ Normal Right flexed → extends passively to -5°

Other: thighs abducted L > R, knees flexed. Bilat feet & plantar